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1) Montana Department of Public Health and Human Services, Montana Tobacco Use Prevention Program, *Montana Prevention Needs Assessment, Trends in Youth Tobacco Use and Attitudes, 2000-2006*, April 2007. <http://tobaccofree.mt.gov/publications/youthtrends20002006.pdf>

2) Montana Department of Public Health and Human Services, Montana Tobacco Use Prevention Program, *Montana Adult Tobacco Survey 2006*, August 2007. <http://tobaccofree.mt.gov/publications/ats2006finalreport.pdf>

3) National Jewish Medical and Research Center, *Tobacco Cessation Outcome Results for Montana Tobacco Quit Line*, Denver, 2007.

4) Montana Department of Public Health and Human Services, Montana Tobacco Use Prevention Program, *Tobacco Surveillance Report: Awareness Lags on Dangers of Smoking and Second Hand Smoke to Babies*, September 2007. <http://tobaccofree.mt.gov/publications/surveillancereports/sep-tember2007.pdf>

5) Montana Department of Public Health and Human Services, Montana Tobacco Use Prevention Program, *Survey of Tobacco Use and Attitudes Among American Indians in Montana 2001, 2003, and 2005*, December 2006. http://tobaccofree.mt.gov/publications/AmIndBRFSS2001_2005_revised.doc

6) Campaign for Tobacco-Free Kids, *State-Specific Tobacco Company Marketing Expenditures 1998 - 2005*. <http://tobaccofreekids.org/research/factsheets/pdf/0271.pdf>

7) Campaign for Tobacco-Free Kids, *The Toll of Tobacco in Montana*, 2007. <http://tobaccofreekids.org/reports/settlements/toll.php?StateID=MT>

8) Department of Health and Human Services Centers for Disease Control and Prevention, *Sustaining State Programs for Tobacco Control Data Highlights 2006*, 2006. http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/00_pdfs/DataHighlights06rev.pdf

9) Coalition for Fire-Safe Cigarettes, National Fire Protection Association's Fire Analysis and Research Division, *Fast Facts*, December 2007. <http://www.firesafecigarettes.org/>

10) R.J.Reynolds Tobacco Company, Marketing Department, *Younger Adult Smokers: Strategies and Opportunities*, 1984.

11) Campaign for Tobacco-Free Kids, *National telephone survey of teens aged 12 to 17 and adults* (conducted by International Communications Research - ICR), March 2007. [http://www.tobaccofreekids.org/pdf/2007poll.pdf?zoom_high-light=international+Communications+research#search="international+Communications+research"](http://www.tobaccofreekids.org/pdf/2007poll.pdf?zoom_high-light=international+Communications+research#search=)

12) BACCHUS Collegiate Tobacco Prevention Initiative, *BACCHUS Tobacco Use and Attitude Survey, 2004-2005*. (unpublished research)

13) U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, 2006.

14) World Health Organization, *Protection from Exposure to Second-hand Tobacco Smoke: Policy Recommendations*, 2007. http://www.who.int/tobacco/resources/publications/wntd/2007/po_l_recommendations/en/index.html

15) American Nonsmokers' Rights Foundation, *Overview List - How many Smokefree Laws?*, October 2007. <http://www.no-smoke.org/pdf/mediaordlist.pdf>.

16) Sargent, Richard P., Robert M. Shepard, Stanton A. Glantz. "Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study." *British Medical Journal*: BMJ, April 24, 2004. 328(7446): 977-980

17) Juster, R., PhD, et al. "Declines in Hospital Admissions for Acute Myocardial Infarction in New York State After Implementation of a Comprehensive Smoking Ban." *American Journal of Public Health*, November 2007. (97): 11.

18) Matt, G. E., P. J. E. Quintana, M.F. Hovell, J. T. Bernert, S. Song, N. Novianti, T. Juarez, J. Floro, C. Gehrman, M. Garcia, S. Larson. "Households Contaminated by Environmental Tobacco Smoke: Sources of Infant Exposures." *Tobacco Control*, March 2004. (13): 29-37.

19) Montana Code Annotated, sec. 50-40-102

20) Centers for Disease Control and Prevention, *Economic Facts about U.S. Tobacco Use and Tobacco Production*, July 2007. http://www.cdc.gov/tobacco/data_statistics/Factsheets/economic_facts.htm.

21) Fiore, M. C., W. C. Bailey, S. J. Cohen, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service, June 2000. http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf.

22) Centers for Disease Control, *National Center for Chronic Disease Prevention and Health Promotion, Smokeless Tobacco Fact Sheet*, April 2007. http://www.cdc.gov/tobacco/data_statistics/Factsheets/smokeless_tobacco.htm

23) Tomar, S. L., "Snuff Use and Smoking in U.S. Men: Implications for Harm Reduction," *American Journal of Preventive Medicine*, October 2002. 23(3): 143-149.

24) Cullen, J. W., W. Blot, J. Henningfield, G. Boyd, R. Mecklenburg, and M. M. Massey. "Health consequences of using smokeless tobacco: summary of the Advisory Committee's report to the Surgeon General," *Public Health Rep*, Jul-Aug 1986. 101(4): 355-373.

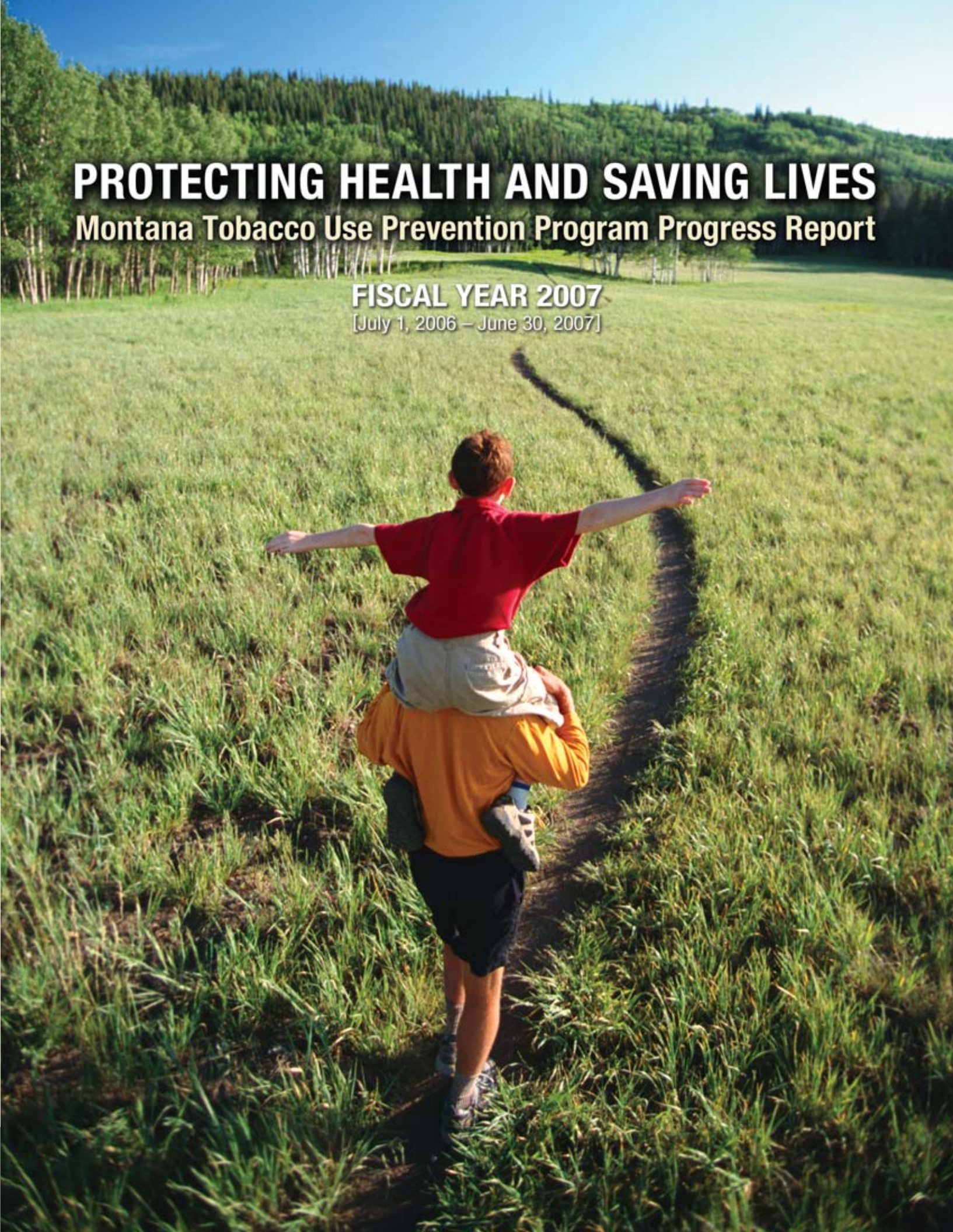
25) U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs, August 1999*.

26) Farrelly, M. C., T. F. Paechacek, K. Y. Thomas, and D. Nelson. "The impact of tobacco control programs on adult smoking," *The American Journal of Public Health*. In press January 2008.

27) Montana Code Annotated, sec. 17-6-606 (2)

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PROTECTING HEALTH AND SAVING LIVES
Montana Tobacco Use Prevention Program Progress Report

FISCAL YEAR 2007
[July 1, 2006 – June 30, 2007]

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A NOTE FROM GOVERNOR SCHWEITZER

The Montana Tobacco Use Prevention Program continues to be a Schweitzer Administration priority

As governor, I am committed to implementing strategies to protect Montanans, particularly our youth, from the tobacco industry's relentless marketing efforts to recruit new smokers each year. Public health studies confirm that adequately funding tobacco use prevention programs, making tobacco products less affordable for young people, and providing smokefree environments are critical steps toward ending tobacco-related disease and reducing the enormous healthcare burden caused by tobacco addiction.

During the 2005 legislative session I proposed and the legislature passed a substantial funding increase for the 2007 biennium that strengthens the Montana Tobacco Use Prevention Program (MTUPP). Approximately \$7 million was provided to MTUPP in Fiscal Year 2007 through funds Montana receives in accordance with the 1998 Master Settlement Agreement.

In 2005, I was also proud to sign into law Montana's Clean Indoor Air Act, protecting Montanans from the hazardous health effects of secondhand tobacco smoke.

I commend MTUPP and its many partners across our state for their efforts to address the consequences of tobacco addiction and to help Montanans quit smoking and using spit tobacco. Their commitment has helped our kids resist tobacco marketing tactics, reduced youth smoking rates, and helped protect all Montanans' right to breathe clean indoor air. These efforts are reducing the number of tobacco-related illnesses and deaths in our state. My administration is pleased to support MTUPP's good work. Together we will work to keep future generations of Montanans healthy.

Brian Schweitzer, Governor

MONTANA MUST END TOBACCO'S GRIP ON OUR YOUTH

At the Department of Public Health and Human Services, we strive to improve the health of Montanans to the highest level possible. To fulfill our mission, we understand the importance of sustaining the fight against tobacco addiction in our state and creating a tobacco-free norm for all Montanans. In fact, Montana stands out as one of the nation's leaders in fighting tobacco use and reducing human exposure to secondhand tobacco smoke.

In FY 2007, we have effectively challenged the tobacco industry's influence in Montana, especially among our youth, whose smoking rates continue to decline. However, despite our progress, challenges still loom. For example, the tobacco industry outspends our tobacco use prevention program by a margin of five to one, annually spending more than \$40 million marketing its deadly products in Montana, much of it targeted toward young people. It's no surprise that 40 percent of Montana kids are enticed to try smoking before the age of 12. I am proud of the Montana Tobacco Use Prevention Program's commitment to end the industry's grip on our children, families, and friends. By preventing tobacco addiction, we help ensure futures free of premature death from tobacco-related illnesses, a sad truth for roughly a third of youth smokers.

I hope you enjoy reading about our accomplishments this past year. If you are compelled to join our efforts to combat the leading cause of preventable death in Montana, please contact me or any of our dedicated MTUPP staff. Together, we can create a future where all Montanans enjoy air free of secondhand smoke and lives free of tobacco addiction.

Joan Miles, Director, Department of Public Health and Human Services



OUR CHALLENGES

- ♦ Nearly 1 in 5 pregnant Montana women smoke, risking their health and the health of their unborn children.⁴
- ♦ Montana's prevalence for spit tobacco use is one of the nation's highest: 12 percent of adult males and 22 percent of high school senior boys use spit tobacco.^{2,1}
- ♦ Montana's adult smoking prevalence, while under the 21 percent national average, remains steady at 17 percent.²
- ♦ Fewer than one-third of adult smokers who saw a healthcare professional were offered assistance to quit.²
- ♦ Seventeen percent of Montana youth smoke; of them, 87 percent tried cigarettes before age 16.¹
- ♦ More than half (56 percent) of Montana youth report being exposed to secondhand smoke.¹
- ♦ Smoking prevalence among Montana American Indians is more than twice that as for Montanans overall.^{2,5}
- ♦ The tobacco industry annually spends an estimated \$41.8 million marketing its deadly products in Montana.⁶

Program Highlights

"[The tobacco industry]...publicly insisted that there was a scientific controversy and disputed scientific findings linking smoking and disease knowing their assertions were false."

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006

OUR MISSION

The mission of Montana's Tobacco Use Prevention Program (MTUPP) is to address the public health crisis caused by the use of all forms of commercial tobacco products. MTUPP will work to eliminate tobacco use, especially among young people, via programs and policies throughout Montana.

SIGNIFICANT PROGRESS

MTUPP made significant progress from July 1, 2006 through June 30, 2007 (FY 2007) toward establishing a smokefree standard in Montana, increasing calls to the Montana Tobacco Quit Line, and building capacity within Montana communities to combat tobacco addiction. More Montanans than ever support smokefree public places, and communities are responding by adopting policies that ensure clean air in a variety of environments.

NOTABLE ACCOMPLISHMENTS FROM FY 2007

1. Montana's youth smoking prevalence continues to decline.
The statewide youth smoking prevalence stands at 17 percent, down from 27 percent in 2000.¹ MTUPP has reached thousands of Montana teens through *reACT!* Against Corporate Tobacco, MTUPP's teen-led movement against tobacco industry marketing, helping them fight back against tobacco industry tactics.
2. Montanans increasingly recognize the right to breathe smokefree air.
More than two-thirds (67 percent) of Montanans said they support prohibiting smoking indoors in all public places, including bars and casinos, which will become state law in October 2009.²
3. The Montana Tobacco Quit Line saved at least 4,500 Montanans from a lifetime of tobacco addiction since its 2004 inception.
Roughly one-third of Montana Tobacco Quit Line participants report they are tobacco-free 6 months after completing the program, making the Quit Line one of the nation's most successful.³
4. Montana's community tobacco use prevention programs are growing.
MTUPP's local programs serve more than 90 percent of Montanans in 44 counties, on 7 American Indian reservations and among the Little Shell Tribe of Chippewa Indians, and at 4 urban Indian centers.
5. MTUPP increased tobacco use prevention at Montana's colleges and universities.
In FY 2007, MTUPP funded programs at four Montana institutes of higher learning, where approximately 30,000 students are enrolled.
6. The number of calls from spit tobacco users to the Montana Tobacco Quit Line surged.
The number of calls to the Quit Line tripled in conjunction with Through with Chew week, a February 2007 campaign to reduce spit tobacco use among Montana males in particular.
7. Diligent monitoring provided critical elements to measuring progress.
MTUPP carefully tracks Montana tobacco use and produces valuable reports like the *Adult Tobacco Survey* and the *Prevention Needs Assessment*, which show the state's progress in combating tobacco addiction.

A NOTE TO OUR READERS: *In August 2006, the U.S. District Court for the District of Columbia found the tobacco industry guilty of staging a 50-year conspiracy to defraud the public, by lying about the health risks of smoking and the industry's marketing to children. Pertinent quotes from the 1,700-page ruling are included throughout this report to help readers understand how the tobacco industry wields power and influence, which they obtained illegally at least in part by massive deception of government officials and the public, and which now results in the death of four Montanans every day.*

Why Tobacco Use Prevention?

“The evidence is clear and convincing -- and beyond any reasonable doubt -- that Defendants have marketed to young people twenty-one and under while consistently, publicly, and falsely denying they do so.”

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006

CHALLENGING THE TOBACCO INDUSTRY

The tobacco industry continues to hook Montanans into tobacco addiction through aggressive marketing, often targeting vulnerable populations. These tactics ultimately destroy Montanans’ lives and cost the state more than \$500 million annually in medical costs and lost productivity.⁷ Each day, four Montanans die from a tobacco-related illness.⁸

- ♦ Seventeen percent of Montana adults are smokers, and two-thirds of them want to quit.²
- ♦ Thirty-nine percent of American Indian adults are smokers.⁵
- ♦ Twelve percent of Montana men chew tobacco; spit tobacco use increased significantly among Montana 12th grade boys between 2000 and 2006, from 16 percent to 22 percent.^{2,1}
- ♦ In Montana, estimated tobacco industry marketing expenditures have increased by more than 76 percent since 1998.⁶
- ♦ Seventeen percent of adolescents in grades 8, 10, and 12 smoke.¹

COMPREHENSIVE TOBACCO USE PREVENTION PROGRAMS WORK

MTUPP’s tobacco use prevention strategy is based on the U.S. Centers for Disease Control and Prevention (CDC) recommended *Best Practices for Comprehensive Tobacco Control Programs (1999)*. These best practices include nine components:

1. Community programs to reduce tobacco use
2. Chronic disease programs to reduce the burden of tobacco-related diseases
3. School programs
4. Enforcement
5. Statewide programs
6. Counter-marketing
7. Cessation programs
8. Surveillance and evaluation
9. Administration and management

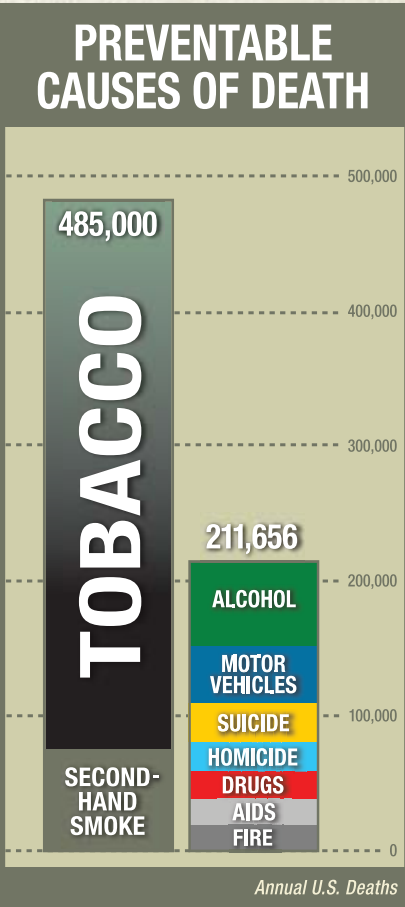


Teen activists use simple but effective methods to convey their message throughout Montana.



MONTANA DEPARTMENT OF REVENUE ADOPTS NEW RULES GOVERNING “LITTLE CIGARS”

In January 2007, the Montana Department of Revenue adopted new rules governing “little cigars,” clarifying that certain “little cigars” are cigarettes. With this new definition, “little cigars” are regulated the same as cigarettes. Under the Montana Youth Access to Tobacco Act, cigarettes (and now “little cigars”) may not be sold in packages of fewer than 20. In addition, “little cigars” will be taxed the same as cigarettes. The new rules will help restrict youth tobacco purchases and help keep kids from starting to smoke.



MONTANA’S TOBACCO PREVENTION POLICIES ARE ESSENTIAL

Policies that prevent tobacco addiction, encourage cessation, eliminate exposure to secondhand smoke, and empower communities to combat tobacco addiction are essential to making Montana tobacco-free. Already, Montana’s Clean Indoor Air Act and aggressive tobacco tax policies have helped save people from exposure to the hazardous health effects of secondhand tobacco smoke and resulted in an overall decrease in tobacco consumption.

BUILDING MOMENTUM WITH COMMUNITY POLICIES

Momentum for new, successful policies at the community level is growing across the state. In particular, some communities are making public outdoor venues smokefree and broadening existing smokefree policies to include all tobacco products, not just cigarettes. Local policy accomplishments include increased numbers of 100-percent-smokefree hotels and multiunit housing complexes, smokefree public parks, and tobacco-free medical facility campuses and outdoor athletic facilities.

Additionally:

- ♦ At least 22 counties have some bars or casinos that are smokefree.
- ♦ At least 12 counties have some 100-percent-smokefree hotels.
- ♦ The Helena Housing Authority and Missoula Housing Authority joined the growing list of public housing authorities nationwide that have adopted smokefree policies.

2007 MONTANA LEGISLATURE SUPPORTS TOBACCO USE PREVENTION

- ♦ In its biennial appropriations bill, the legislature increased MTUPP’s annual budget to more than \$8.4 million, expanding MTUPP funding beginning in FY 2008.
- ♦ Recognizing that smoking materials are the number one cause of U.S. home fire deaths, annually killing 700 to 900 people, Montana joined 14 other states in passing a law setting fire safety standards for cigarettes.⁹
- ♦ In 2007, the legislature passed a bill formalizing the use of tobacco disease prevention funds to address chronic diseases that often occur as a result of tobacco addiction.



Montana youth take on tobacco use prevention at a variety of local events, including rodeos.

STATE AND LOCAL PARTNERS

MTUPP collaborates with several state and local partners to combat the tobacco industry’s influence. Some of MTUPP’s growing list of allies include:

- ♦ Addictive and Mental Disorders Division, DPHHS
- ♦ American Cancer Society
- ♦ American Heart Association
- ♦ American Lung Association of the Northern Rockies
- ♦ Big Brothers Big Sisters
- ♦ Cardiovascular Health Program, Chronic Disease Prevention & Health Promotion, DPHHS
- ♦ County Health Departments
- ♦ Injury Prevention Program, Emergency Medical Services & Trauma Systems Section, DPHHS
- ♦ Montana Cancer Control Coalition
- ♦ Montana Comprehensive Cancer Program, Cancer Control, DPHHS
- ♦ Montana Department of Justice
- ♦ Montana Department of Revenue
- ♦ Montana Diabetes Project, Chronic Disease Prevention & Health Promotion, DPHHS
- ♦ Montana American Indians and Urban Indian Centers
- ♦ Montana Office of Public Instruction
- ♦ Montana Universities and Colleges
- ♦ Oral Health Program, Family & Community Health, DPHHS
- ♦ Women’s and Men’s Health Section, Family & Community Health, DPHHS

Preventing Youth From Using Tobacco

“Defendants spent billions of dollars every year on their marketing activities in order to encourage young people to try and then continue purchasing their cigarette products in order to provide the replacement smokers they need to survive.”

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006

REDUCING THE TOBACCO INDUSTRY’S GRIP ON MONTANA YOUTH

One of MTUPP’s most critical goals is to prevent Montana youth from beginning a lifetime of tobacco addiction. MTUPP surveys Montana students in grades 8, 10, and 12 to determine the state’s youth tobacco use prevalence. Despite significant success at reducing youth smoking prevalence by 37 percent between 2000 and 2006, MTUPP continues to face a serious challenge waged by the tobacco industry. In August 2006, a U.S. District Court found that the nation’s largest tobacco companies violated federal racketeering laws - including marketing to children under the age of 18.

- ♦ The tobacco industry’s own documents indicate that fewer than one-third of new smokers are over age 18, and only 5 percent of smokers start after reaching age 24.¹⁰
- ♦ Forty percent of Montana youth try cigarettes before age 12.¹
- ♦ A March 2007 survey shows that kids are almost twice as likely as adults to recall tobacco advertising.¹¹

By focusing on tobacco use prevention policies and supporting a statewide youth empowerment movement, MTUPP works to loosen the tobacco industry’s grip on vulnerable young people. MTUPP employs a youth empowerment coordinator, sponsors a full-time AmeriCorps VISTA worker, provides small grants for youth-based community projects, and works with allies such as the Office of Public Instruction and the BACCHUS Network, a college-based nonprofit focusing on student-driven health and safety initiatives.

TEENAGE GIRLS AND YOUNG WOMEN ARE TOBACCO INDUSTRY’S LATEST TARGET

Beginning in January 2007, R.J. Reynolds began an aggressive marketing campaign targeting young females for its “Camel No. 9” cigarettes. The campaign included slick ads in magazines commonly read by girls and young women and complementary giveaways to match the product’s bright pink and teal packaging. MTUPP helped local tobacco prevention specialists respond to this dangerous marketing scheme by re-focusing the message:

Smoking robs a young woman of her future.

- ♦ Sixteen percent of Montana adult women and 18 percent of Montana teenage girls smoke.^{2,1}
- ♦ Though Montana girls use spit tobacco at a much lower prevalence than boys, the 3 percent use among girls has remained unchanged since 2000.¹
- ♦ More women under age 18 (26 percent) and age 18 to 24 (27 percent) reported smoking during pregnancy than women age 25 and older.⁴
- ♦ In 2006, nearly 1 in 5 Montana newborns was born to a woman who smoked during pregnancy.⁴



More than 150 Montana teens attended reACT’s annual Teen Summit, in Helena, in June 2007.

YOUTH EMPOWERMENT MAKES A DIFFERENCE

The best way to keep teens tobacco-free is to involve them in prevention. Montana’s teen-led movement, reACT! Against Corporate Tobacco, does this by empowering youth to act against the tobacco industry’s effort to deceive them. The reACT Core Team, an advisory group of 18 students, leads the movement to educate thousands of Montana teens and spur them into action. In June 2007, reACT’s annual Teen Summit in Helena attracted 157 Montana teenagers. Attendees received extensive training in tobacco prevention and industry tactics, and returned to their communities with skills in media literacy, peer education, and public speaking.

MONTANA TEEN LEADERS VISIT STATE CAPITOL

In January 2007, reACT members gathered at the Montana State Capitol for its first “Celebration on the Hill.” MTUPP helped prepare 110 teens who traveled from across the state for educational discussions with their legislators about tobacco use. reACT teens also presented demonstrations throughout the day, including a silent memorial to the more than 1,200 people who die each day nationwide as a result of tobacco-related diseases, and a “candy store” display revealing the similarity between packaging for candy-flavored tobacco products and for real candy.

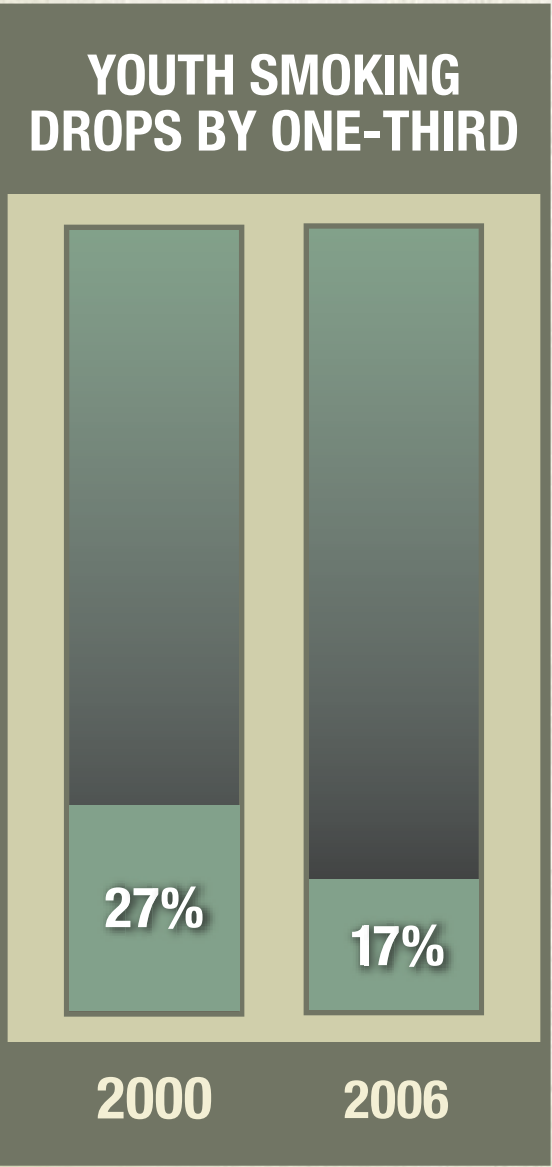
FRUIT-FLAVORED TOBACCO PROVIDES NEW CHALLENGE

The tobacco industry’s promotion of candy-flavored and fruit-flavored cigarettes, spit tobacco, and little cigars threatens Montana children, who are easily attracted to these enticing products. The tobacco industry’s own documents illustrate this fact. For example, the spit tobacco industry developed and documented a graduated marketing strategy in which children would begin using a candy-flavored spit tobacco and “graduate” to a premier product over prolonged use.

The 2007 Montana legislature considered but did not pass legislation prohibiting the sale of these products in Montana. Similar legislation is under consideration in other states. MTUPP will continue to provide information about candy-flavored products and other tobacco products that specifically target youth.



reACT members demonstrate how the tobacco industry entices kids by using packaging for its candy-flavored products that mimics packaging for real candy.



TOBACCO USE PREVENTION IN MONTANA SCHOOLS

MTUPP provided \$500,000 to the Montana Office of Public Instruction School Tobacco Use Prevention and Education program, which then distributed nearly \$376,000 to 23 Montana school districts. The awardees involved students in tobacco use prevention activities, media awareness, and peer-to-peer mentoring. They also collected data on student tobacco use and cessation attempts, and assisted in developing school tobacco policies. From Glendive’s Trading Cards project, through which high school students served as role models for middle and elementary school students, to Butte’s new comprehensive school tobacco policy and Libby’s tobacco training for middle school staff, the richly creative projects involved schools where nearly 63,000 students are enrolled. The remaining MTUPP funds were used for project coordination and for raising statewide awareness among educators about tobacco education as a critical component of comprehensive health education.



REACHING YOUNG ADULTS (AGE 18 TO 24)

Young adults, age 18 to 24, are a key target for tobacco industry marketing. To attract college students and maintain a tight grip on the only age group that currently shows an increase in the prevalence of cigarette smoking, the tobacco industry sponsors music events and provides giveaways, such as chances to win free spring break trips. Nationwide, one-third of college students currently smoke, and 49 percent have unsuccessfully tried to quit.¹²

MTUPP contracts with Denver-based BACCHUS Network™ to implement the Montana Collegiate Tobacco Prevention Initiative (MCTPI). During FY 2007, Montana State University–Billings became the fourth Montana college to join the MCTPI movement. Others include Salish Kootenai College in Pablo, The University of Montana–Missoula, and Montana State University–Bozeman. Approximately 30,000 students are enrolled in these four institutions.

MCTPI students identify and implement tobacco use prevention policy priorities. For example, students at two colleges are working to adopt new smokefree perimeter policies for campus buildings, while students at The University of Montana–Missoula are examining an existing 25-foot smokefree perimeter policy to find ways to increase compliance.

Eliminating Secondhand Tobacco Smoke

“Despite the fact that Defendants’ own scientists were increasingly persuaded of the strength of the research showing the dangers of [secondhand smoke] to nonsmokers, Defendants mounted a comprehensive, coordinated, international effort to undermine and discredit this research.”

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006

SECONDHAND TOBACCO SMOKE IS DEADLY

Secondhand smoke is a significant source of indoor air pollution and threatens human health. It contains more than 4,000 chemicals, at least 250 of which are toxic or carcinogenic or both. A 2006 U.S. Surgeon General report concluded that secondhand smoke causes heart disease and lung cancer in nonsmoking adults, as well as Sudden Infant Death Syndrome (SIDS), respiratory problems, ear infections, and asthma attacks in infants and children.¹³ Anyone who breathes secondhand smoke experiences immediate and long-term health risks. As many as 200 Montanans die annually from secondhand smoke.⁷

A GROWING CALL FOR HEALTHY WORKPLACES AND PUBLIC SPACES

The demand for smokefree environments is rapidly gaining momentum worldwide. In May 2007, the World Health Organization (WHO) called for a global policy to eliminate smoking at work and in enclosed public places, stating that establishing 100-percent-smokefree environments is the only effective way to stop secondhand smoke exposure and protect public health.¹⁴ To date, 146 nations have signed a WHO-initiated treaty, which calls on governments to protect all citizens from secondhand smoke. In the U.S., Montana is one of 26 states requiring all workplaces, restaurants and, often, bars to be smokefree to protect workers and the public from deadly health effects caused by exposure to secondhand smoke.¹⁵

Most Montanans support clean indoor air:

- ♦ *More than 90 percent of Montana adults believe secondhand smoke is harmful to health.*²
- ♦ *The majority of Montanans support Montana’s Clean Indoor Air Act for restaurants (84 percent) and bars (67 percent).*²



Richland County youth enjoy tobacco-free parks.



SMOKEFREE POLICIES REDUCE HEART ATTACKS

Smokefree policies significantly reduce the incidence of heart attacks. The 2004 Helena, Montana, heart study, which found a 40 percent decrease in heart attacks during a 6-month smokefree workplace law, has now been replicated in Pueblo, Colorado; Bowling Green, Ohio; and New York State; as well as in Italy, Scotland, and Ireland.¹⁶ In New York, hospital admissions for heart attacks decreased by more than 3,800 in the year following the state’s comprehensive smokefree indoor air law, resulting in savings of \$56 million in direct healthcare costs.¹⁷

THIRDHAND SMOKE OFFERS NEW CHALLENGE

Emerging science shows thirdhand smoke (nicotine and other contaminants that cling to nearby surfaces, including furniture, carpets, walls, clothing, hair, and skin) can expose nonsmokers to toxins, including those who are never near a burning cigarette.¹⁸ Some hospitals, including Montana’s Bozeman Deaconess Hospital, require employees who smell like smoke to change their clothing.

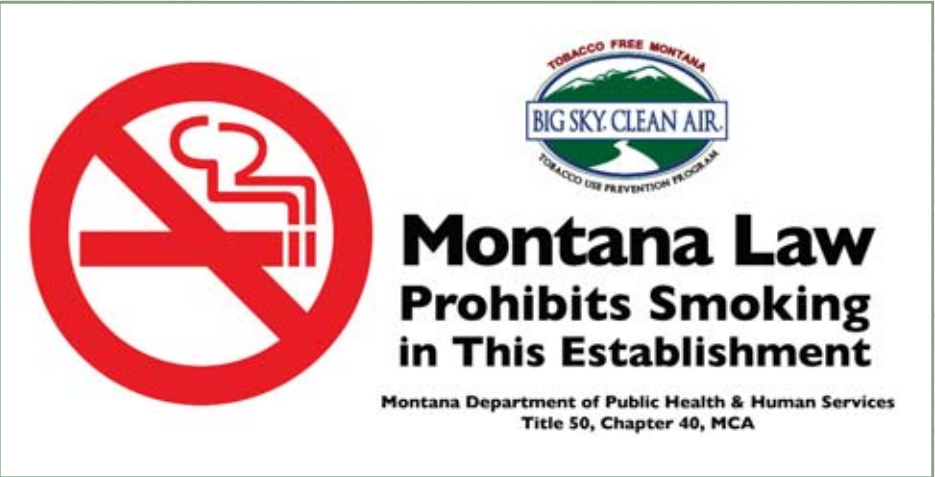
OUTDOOR SMOKING ANALYZED

In May 2007, Stanford University researchers published the first in-depth study on how smoking affects outdoor air quality on sidewalks, in parks, and at other locations. They concluded that individuals who are near outdoor smokers can be exposed to substantial levels of contaminated air. MTUPP works with local tobacco prevention specialists to reduce exposure to secondhand smoke in all environments, such as outdoor gatherings that include children.

MONTANA’S CLEAN INDOOR AIR ACT CELEBRATES FIRST ANNIVERSARY

October 2006 marked the first anniversary of the legislature’s comprehensive expansion of the 1979 Montana Clean Indoor Air Act (CIAA), which protects Montanans from the hazards of secondhand tobacco smoke. Effective October 1, 2005, the expanded clean indoor air law recognizes the right of nonsmokers to breathe smokefree air, and clarifies that the need to breathe smokefree air takes priority over the desire to smoke.¹⁹ The legislation also extends the existing prohibition against using tobacco products inside school buildings to include all school property and events, and extends the prohibition to 24 hours a day. MTUPP has responsibility for implementing the law’s provisions and will continue to make smokefree air a priority.

After September 30, 2009, bar and casino workers and patrons all will enjoy the same protection from secondhand tobacco smoke as other Montanans. Until then, bars may receive an exception to the CIAA, provided that tobacco smoke from the bar does not infiltrate into areas where smoking is not allowed. The law prohibits children under 18 from entering any indoor establishment where smoking is still permitted.



MTUPP encourages Montana businesses to post signs like this at their entrances to indicate that smoking is prohibited.

As a result of Montana’s enhanced and expanded clean indoor air law, more Montanans than ever are breathing clean indoor air, since smoking is no longer permitted in enclosed public places, including but not limited to the following:

- ♦ *Restaurants*
- ♦ *Stores*
- ♦ *Public and private office buildings and offices, including all government buildings and offices*
- ♦ *Trains, buses, and other forms of public transportation*
- ♦ *Healthcare facilities*
- ♦ *Auditoriums, arenas, and assembly facilities*
- ♦ *Meeting rooms open to the public*
- ♦ *Community college facilities, facilities of the Montana university system, and schools*

Too many Montanans are still regularly exposed to secondhand smoke or are unaware of the consequences of exposure.

- ♦ *Fifty-six percent of Montana youth report being exposed to secondhand smoke.*¹
- ♦ *Only about one-third of Montana adults know that secondhand smoke causes SIDS.*⁴
- ♦ *American Indians on some reservations where the CIAA does not apply still frequently are exposed to secondhand tobacco smoke in many settings.*

Dear Owl Patrons and Livingston Community Members,

We are so thankful for our business and the great relationships that we have developed since purchasing The Owl in August of 2005. We feel that we have, with your help, continued to keep many of the wonderful things that make The Owl, “The Owl,” added additional live music, The Singer Songwriter Showcase, and other positive changes.

WE HAVE MADE THE DECISION, AFTER A GREAT DEAL OF THOUGHT, TO MAKE THE OWL LOUNGE A NON-SMOKING VENUE AS OF 1/1/07.

We understand this might upset some of our customers and might even turn them away (we hope not, but we are realistic). We also hope that this will help those that are making the NEW YEAR’S RESOLUTION TO QUIT SMOKING & will encourage those looking for a great venue to see live music in a smoke free environment to come give us a try! We are in the process of building a shelter in the rear of the building to protect smoking patrons from the elements. Our bartenders will also have NICORETTE AVAILABLE behind the bar FREE OF CHARGE for the month of January, for those that wish to stay in but need a little assistance staying smoke free.

Thank you for your understanding. We hope that you will be respectful of our decision.

Sincerely,
Maria and Melissa,
The Owl Lounge
110 N. 2nd St., Livingston, MT 59047
222-1322
www.owlounge.com



Tobacco Prevention In Montana Communities

“[The tobacco industry]...mounted a coordinated, well-financed, sophisticated public relations campaign to attack and distort the scientific evidence demonstrating the relationship between smoking and disease...”

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006

COMMUNITY PROGRAMS ARE THE FOUNDATION OF MONTANA'S TOBACCO-FREE FUTURE

County and tribal tobacco use prevention specialists and the coalitions that work with them help change the way tobacco is promoted, sold, and used in their communities. They generate momentum by developing and implementing local activities in conjunction with state activities. Local programs provide the structure and supportive environment for empowering youth to speak out against the tobacco industry.

MTUPP's community tobacco use prevention programs serve more than 90 percent of Montanans in 44 counties, on 7 American Indian reservations and among the Little Shell Tribe of Chippewa Indians, and at 4 urban Indian centers. MTUPP supports tobacco use prevention specialists who lead local efforts through on-site trainings, weekly communications, regular conferencing, and outreach materials, including media and other educational resources. Tobacco use prevention specialists are funded through contracts with county and tribal programs, ranging from \$25,000 to \$100,000, depending on the size of the population served.

In FY 2007, local tobacco use prevention specialists attended various trainings and conferences organized by MTUPP:

- ♦ September 2006 Policy Summit
- ♦ March 2007 Keep Tobacco Sacred Conference
- ♦ April 2007 Annual Statewide Conference
- ♦ June 2007 reACT Teen Summit

These educational events provided opportunities for local tobacco use prevention specialists to exchange ideas, build skills and knowledge, and gain up-to-date information about preventing tobacco addiction.

COMMUNITY-BASED PROGRAMS ARE KEY TO SUCCESS

The stories on these pages are just a few examples of community activities that occurred in FY 2007

BEAVERHEAD COUNTY

At the Southwest Youth Rodeo Association Rodeo in Dillon, Montana, a tobacco-free event, the local Tobacco Free Kids Program educated contestants and their families about tobacco addiction and how the tobacco industry entices kids to start smoking or chewing tobacco. The program also donated vests with its tobacco-free logo to rodeo winners, and hosted presentations by Cowboy Ted, a health educator and former rodeo star.



CROW TRIBAL COUNCIL

On December 4, 2006, the Crow Tribal Executive Office adopted a tobacco-free workplace policy that states: “No smoking and spit tobacco will be allowed in any tribal buildings and within 50 feet from any exterior door.”

LEWIS & CLARK COUNTY

The Lewis & Clark County Tobacco Use Prevention Program worked with area school districts and the Youth Connections Coalition, which has more than 200 members, to integrate media education about tobacco industry messaging into the Helena-area school curriculum. Capital High School Bruin Vision Video Arts students made public service announcements that aired on local television stations. Throughout the summer of 2007, their ad entitled “Brilliant” preceded films shown at a local movie theater, using humor and satire to deglamorize tobacco use.



MISSOULA COUNTY

Tobacco Free Missoula County worked with Missoula County Public Schools and the Missoula Indian Center to implement a state-of-the-art school policy, which includes: a tobacco-free policy on all school-owned properties at all times, a school district ban on tobacco industry school curriculum, a ban on tobacco product advertising on student or faculty clothing, and a ban on tobacco sponsorship. Tobacco is allowed on school property when used to educate on the risks associated with tobacco use, or when sanctioned and supervised by a school administrator or faculty member for demonstrating American Indian use of tobacco for traditional ceremonial purposes.

Did You Know?
Smoking is the leading cause of fire deaths in the U.S. every year!

Take Action to Save Lives!

- ▶ Install smoke alarms in your home and change the batteries every year. The Livingston Fire Department can assist you with your smoke detector needs. Call 222-2061.
- ▶ Make plans to quit smoking. The free Montana Tobacco Quit Line can help. Call 1-866-485-QUIT (7848) Toll Free
- ▶ Enjoy a smoke free home. Ask smokers to not smoke in your home.

A Fire Prevention Week Safety Message from...

Livingston Fire Department Tobacco Use Prevention MONTANA

For refusing marketing money from the tobacco industry, let's salute the Roxy Theatre and Larry and Sue Schilling!

They have received the "Can't Buy Our Love Award"

Tobacco companies spent \$41.8 million in marketing in Montana in 2005.

In Montana, 20.1 percent of high school students smoke, tobacco use kills 1,400 residents each year and costs the state \$277 million in health care bills.

Call the Teton County Health Department for more information 466-2562

BIG TOBACCO: BEHIND THE SMOKE SCREEN

In April 2007, former Philip Morris research scientist Victor DeNoble keynoted MTUPP's Annual Statewide Conference. DeNoble was the first congressional whistleblower to reveal that the tobacco industry had staged secret research on the addictive nature of nicotine and the health hazards of smoking and secondhand smoke. The conference helped participants recognize the powerful tactics employed by the tobacco industry, and enhanced their skills in countering the tobacco industry's marketing.

Former research scientist Victor DeNoble talks about the impacts of nicotine on the human brain.



LOCAL & TRIBAL PROGRAMS

COUNTIES

Beaverhead ♦ Blaine ♦ Carbon ♦ Cascade ♦ Chouteau ♦ Custer ♦ Daniels ♦ Dawson ♦ Deer Lodge ♦ Fergus ♦ Flathead ♦ Gallatin ♦ Glacier ♦ Golden Valley ♦ Hill ♦ Judith Basin ♦ Lake ♦ Lewis & Clark ♦ Liberty ♦ Lincoln ♦ Madison ♦ McCone ♦ Mineral ♦ Missoula ♦ Musselshell ♦ Petroleum ♦ Phillips ♦ Park ♦ Pondera ♦ Powder River ♦ Powell ♦ Ravalli ♦ Richland ♦ Roosevelt ♦ Rosebud ♦ Sanders ♦ Silver Bow ♦ Sheridan ♦ Stillwater ♦ Teton ♦ Toole ♦ Treasure ♦ Wheatland ♦ Yellowstone ♦

AMERICAN INDIANS

- ♦ Blackfeet Nation
- ♦ Confederated Salish & Kootenai Tribes of the Flathead Nation
- ♦ Crow Tribe
- ♦ Fort Belknap Indian Community
- ♦ Fort Peck Tribes
- ♦ Little Shell Tribe of Chippewa Indians of Montana
- ♦ Northern Cheyenne
- ♦ Rocky Boy Indian Reservation

URBAN INDIAN CENTERS

- ♦ Billings Indian Urban Center
- ♦ Great Falls Urban Indian Center
- ♦ Helena Indian Alliance
- ♦ Missoula Indian Center



Ending Tobacco Addiction

“For approximately forty years, Defendants publicly, vehemently, and repeatedly denied the addictiveness of smoking and nicotine’s central role in smoking.”

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006



MONTANA’S TOBACCO QUIT LINE - A NATIONAL LEADER

MONTANA TOBACCO



1-800-QUIT-NOW

One of MTUPP’s four essential goals for eliminating tobacco addiction in Montana is to help smokers and spit tobacco users quit. MTUPP fosters Montanans’ motivation to quit using tobacco through outreach campaigns that promote the Montana Tobacco Quit Line.

The result of MTUPP’s efforts is clear: Increasing numbers of Montanans are using this free service. Nearly 8,000 Montanans called the Montana Tobacco Quit Line during FY 2007, a 60 percent increase compared to FY 2006.³

BEGINNING A TOBACCO-FREE LIFE

The Montana Tobacco Quit Line is a free telephone service that helps Montanans quit using tobacco and maintain a tobacco-free life. The program is tailored to each individual’s needs, based on the level of addiction, commitment to quitting, and existing support system. The Quit Line provides:

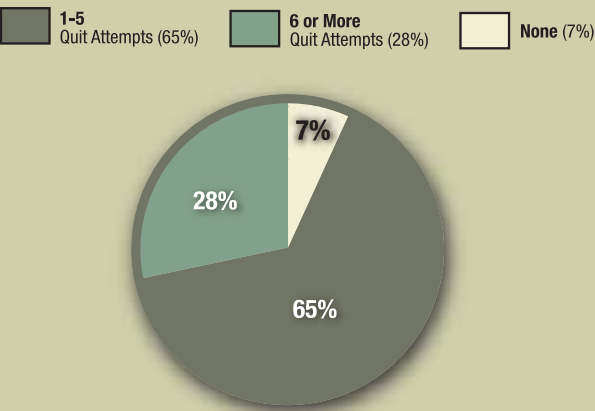
- A comprehensive tobacco use evaluation, completed with a Quit Line coach
- Proactive, positive coaching sessions
- Relapse prevention strategies
- Educational materials, including those for specific audiences, such as pregnant women, teens, spit tobacco users, and American Indians
- Free nicotine replacement therapy (patch, gum, or lozenges)

MTUPP continues to contract with Colorado’s National Jewish Medical and Research Center to administer the Montana Tobacco Quit Line. The center’s Quit Line coaches are trained to provide services to specific populations, such as culturally appropriate services to American Indians.

MONTANA QUIT LINE ONE OF NATION’S MOST SUCCESSFUL

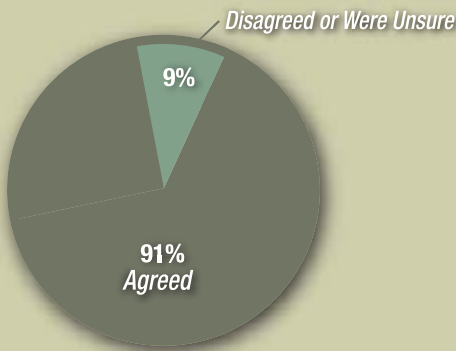
From the launch of the Montana Tobacco Quit Line in May 2004 until July 2007, 19,500 Montanans spanning all 56 counties have called, including 1,191 spit tobacco users.³ Of the 17,669 people who completed an intake call, 86 percent enrolled in the intensive Telephonic Tobacco Cessation Coaching Program (TCCP), while almost 15 percent participated in the Self-Guided Cessation Program.³ Additional calls involved general inquiries into the Quit Line program, oftentimes by family members and friends of tobacco users.

PREVIOUS QUIT ATTEMPTS BY CALLERS



Many tobacco users repeatedly try and fail to quit. The Quit Line significantly increases the likelihood of success.

THIS TIME I WILL QUIT FOR GOOD



Callers are optimistic about their chances for success. More than 90% agreed or strongly agreed with this statement.

Montana’s Tobacco Quit Line boasts one of the highest participants-to-quit measures in the nation. Nearly 30 percent of those who enrolled in the TCCP reported successfully staying tobacco-free after 6 months.³ As a result, the Quit Line has helped at least 4,500 Montanans give up a lifetime of tobacco addiction. The CDC cites the annual economic cost of smoking to be \$3,561 per smoker, which means the Montana Tobacco Quit Line has saved Montanans an estimated \$16 million over the course of 3 years in direct medical costs and lost productivity.²⁰

- Sixty-six percent of Montana smokers and 47 percent of men who use spit tobacco want to quit.²
- Forty-nine percent of Montana smokers have tried to quit in the last year.²
- Quitting success increases by up to 7 times when tobacco users take advantage of Quit Line services.³
- Tobacco users who interact regularly with healthcare providers are more likely to successfully quit.²¹

QUIT LINE PROMOTION INCREASES CALL NUMBERS

Because advertising significantly increases calls to the Quit Line, MTUPP works to create a constant media presence for the toll-free number. During MTUPP’s February 2007 Through With Chew campaign, for example, the number of calls from spit tobacco users *more than tripled* because of increased exposure to the Montana Tobacco Quit Line number and the services available.

HEALTHCARE PROVIDERS CAN MAKE A DIFFERENCE

Another important aspect of MTUPP’s cessation services is promoting the use of the Quit Line to healthcare providers, who play a critical role in helping their patients quit tobacco by referring them directly to the Quit Line. The Montana Tobacco Quit Line provides fax referral forms and educational and promotional materials to healthcare providers across Montana. While 60 percent of smokers who had visited a healthcare professional in 2006 reported their provider had advised them to quit, only about one-quarter (26 percent) reported that their healthcare provider had referred them to the Montana Tobacco Quit Line.² MTUPP made a special effort to boost physician and dentist referrals to the Montana Tobacco Quit Line in FY 2007 by reaching out to roughly 1,500 healthcare professionals.

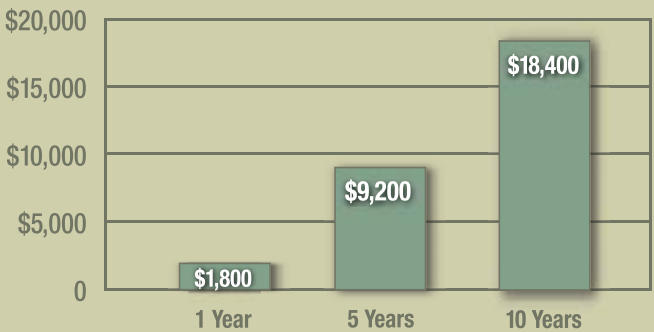
QUITTING TOBACCO MEANS OVERCOMING ADDICTION

The tobacco industry earns a profit by marketing addiction. Cigarettes and spit tobacco contain highly addictive nicotine, which is precisely controlled in the manufacturing process to create and sustain addiction among users. The U.S. Surgeon General in 1988 declared that the processes that cause nicotine addiction compare to those that cause addiction to heroine and cocaine. Like any other chemical addiction, tobacco addiction is best fought with professional help, such as the Montana Tobacco Quit Line. Of course, preventing tobacco use in the first place offers the most effective strategy of all.



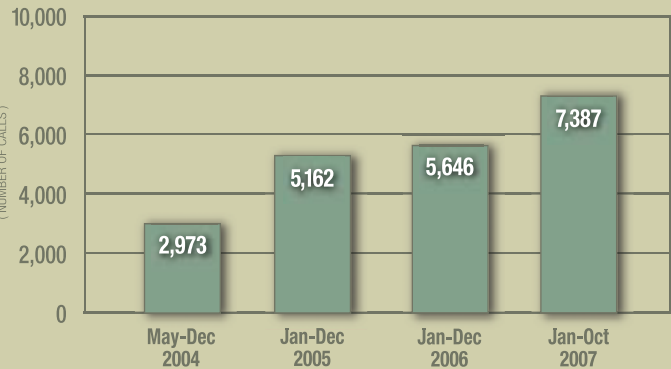
Quit coaches are trained professionals who guide Montana Tobacco Quit Line callers through the quitting process.

QUITTERS SAVE MONEY



With a pack of cigarettes costing about \$5, each Montanan who smokes a pack per day spends more than \$1,800 annually on cigarettes. Those who quit will save more than \$9,000 in 5 years, enough to buy a car or take several nice vacations. In 10 years, a quitter will have saved more than \$18,000 – enough for a down payment on a house.

QUIT LINE CALLS SINCE MAY 2004



Preventing Spit Tobacco Use

"[The tobacco industry] publicly denied and distorted the truth as to the addictive nature of their products for several decades."

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006



SPIT TOBACCO ADDICTION THREATENS MONTANA MALES

Montana men and boys use spit tobacco in alarming numbers:

- ♦ Twelve percent of Montana men use spit tobacco, a prevalence that is twice the national average.¹
- ♦ Fifteen percent of Montana high school boys, including 22 percent of high school senior boys, report using spit tobacco.²²
- ♦ Fifty-eight percent of Montana boys who try spit tobacco report taking their first dip or chew between the ages of 12 and 15.¹

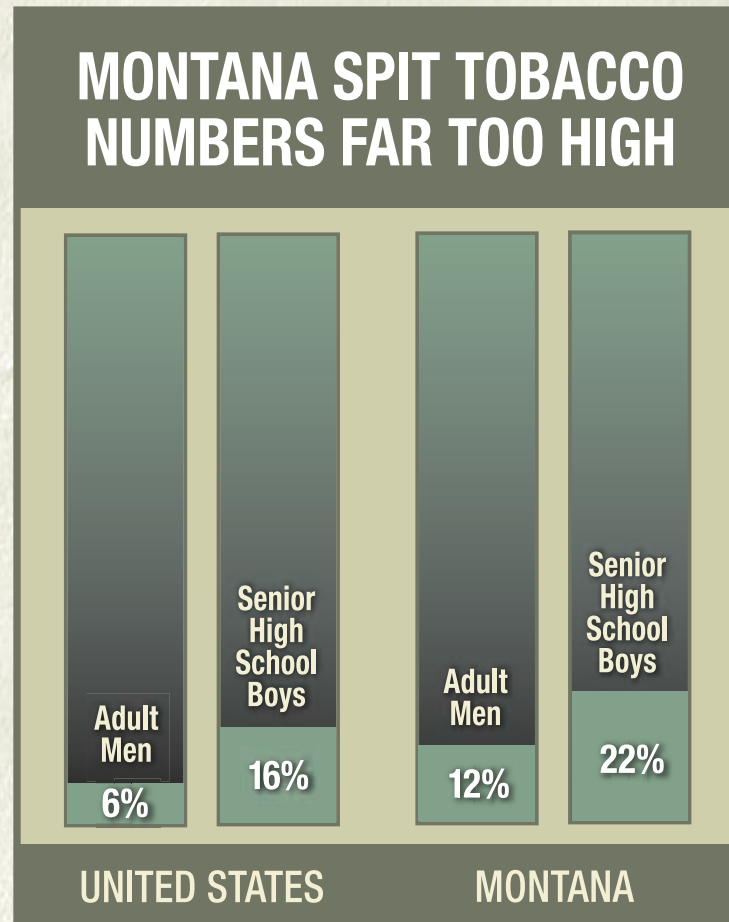
THROUGH WITH CHEW CAMPAIGN

In February 2007, MTUPP organized a statewide Through with Chew (TWC) week, a comprehensive campaign of local and statewide activities to raise awareness about the dangers of spit tobacco use and promote the Montana Tobacco Quit Line. Since research shows that tobacco users are much more likely to respond to their physician's advice to quit, MTUPP also provided information designed to prompt healthcare providers to refer patients who use spit tobacco to the Quit Line.

Community Outreach: Local tobacco use prevention specialists worked with dental healthcare providers, businesses, schools, libraries, and other organizations to relay the message that spit tobacco is addictive and endangers health, and that the Montana Tobacco Quit Line can help users quit. They distributed a host of materials, including Quit Line bookmarks, brochures, and paycheck inserts; an insert for community newsletters; and spit tobacco fact sheets and fliers. Local specialists in more than 30 counties distributed more than 1,000 Quit Spit Kits, each containing a Quit Line brochure, Quit Line magnet, a dental mirror for self-checking for oral lesions and signs of gum disease, and Bacc-off (a non-tobacco chew alternative).

Collaborations and Partnerships: Local tobacco use prevention specialists promoted TWC in 94 communities (among 34 counties) and as a result of these activities created new collaborations with 86 businesses, schools, and libraries.

Youth Involvement: More than 3,000 young people in 25 counties participated in TWC week. Their activities included outdoor displays of white crosses representing the 1,500 Montanans who die each year from tobacco-related illnesses, and public presentations demonstrating spit tobacco's toxic ingredients.



Cowboy Ted Hallisey: Health educator "Cowboy Ted," a former professional bull rider and rodeo radio announcer, who served as a spokesperson for California's Buck Tobacco Sponsorship and the National Tobacco-Free Rodeo projects, gave 26 presentations in 10 Montana counties during TWC week. In doing so, he reached more than 3,200 Montana youth. Cowboy Ted was addicted to spit tobacco during his years in rodeo, and now speaks at schools nationwide, giving young people eight rules for healthy living while teaching about the danger of using spit tobacco.

Outreach to Dental Health Professionals: MTUPP contacted more than 200 dentists and hygienists in 32 counties. More than 100 of them referred patients to the Montana Tobacco Quit Line, provided spit tobacco educational materials, distributed Quit Spit Kits, and performed free oral cancer screenings.

"CHERRY SKOAL IS FOR SOMEONE WHO LIKES THE TASTE OF CANDY, IF YOU KNOW WHAT I MEAN."

–U.S. SMOKELESS TOBACCO REPRESENTATIVE, 1994



*Don't let Big Tobacco make you its sucker.
Be Through with Chew!*



www.tobaccofree.mt.gov
MONTANA DEPT. OF PUBLIC HEALTH & HUMAN SERVICES

THE PROBLEM WITH SPIT TOBACCO

Spit tobacco (also called *chew*, *dip*, or *snuff*) causes oral, esophageal, and stomach cancer, and other deadly diseases, including gum disease. Studies show that spit tobacco use often leads to smoking.²³ Spit tobacco products also deliver far more nicotine than cigarettes.²⁴ One dip of chew can deliver up to 5 times the dose of nicotine as a single cigarette. As a result, spit tobacco products are highly addictive and users often have great difficulty quitting.

The 2006 Montana Adult Tobacco Survey found that 47 percent of men who use spit tobacco want to quit, and 62 percent of men who use spit tobacco said they were planning to quit in the next 30 days.²



Twenty-two percent of Montana high school senior boys report using spit tobacco.

SPIT TOBACCO IS NOT A SAFE ALTERNATIVE TO SMOKING

The tobacco industry has responded to the public's increasing concern about the health effects of smoking and secondhand smoke by aggressively marketing spit tobacco, particularly sweet, candy-flavored products that entice kids.

With the assistance of State Medical Officer Steven Helgersen, MD, MTUPP adopted an important policy on "harm reduction," a tobacco industry term used to promote spit tobacco products as safe alternatives to cigarettes. MTUPP's new policy reaffirms its long-held strategy to encourage Montanans to avoid all tobacco products and to create a climate in which any use of manufactured tobacco products is considered unacceptable.

SPIT TOBACCO?

DON'T TAKE THE FALL.

Montana Through with Chew Week: February 18-24

Health educator and bull rider Cowboy Ted Hallisey tours Montana this week, talking to kids.

Don't let big tobacco addict another generation.

Cowboy Ted traveled to 10 Montana counties and gave 26 presentations, offering more than 3,200 Montana youth his message on why spit tobacco is not a safe alternative to smoking.

STATEWIDE & LOCAL TWC MEDIA

MTUPP promoted TWC activities and the Montana Tobacco Quit Line statewide, through:

- ♦ News releases, opinion pieces, and newsletter articles
- ♦ 1,800 local and 38 statewide radio advertisements
- ♦ 264 broadcast and 3,000 cable television advertisements
- ♦ 34 billboards
- ♦ 358 newspaper advertisements

The extensive TWC media coverage encouraged Montana spit tobacco users to quit and taught Montanans of all ages that spit tobacco is not a safe alternative to cigarettes.

Tobacco Use Prevention Economics

“Defendants’ expenditures on cigarette advertising and promotion have increased dramatically over the past decades, and in particular since the signing of the MSA.”

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006



Tobacco Marketing vs. Tobacco Prevention

THE DOLLARS & SENSE OF COMPREHENSIVE TOBACCO USE PREVENTION PROGRAMS

Extensive research has proven that a well-funded comprehensive tobacco use prevention program is critical not only to protecting public health and saving lives, but also to stopping the enormous financial drain caused by tobacco addiction.²⁵ The greater the investment in programs like MTUPP and the longer that investment is sustained, the greater the reductions in tobacco use.²⁶

The source of most of MTUPP’s funding is the Master Settlement Agreement. The Master Settlement Agreement came about in 1998 following a multi-state lawsuit brought against the nation’s major tobacco companies. The agreement places restrictions on the major tobacco corporations and requires them to make annual payments to most states. Montana’s share since December 1999 has been approximately \$228 million, which the state has used to fund a variety of initiatives, many of them health-related.

The 2002 passage of a Montana citizen initiative requires that 32 percent of Montana’s annual settlement agreement revenue be placed in a state special revenue account earmarked for funding tobacco use prevention programs.²⁷ Beginning in 2005, the Montana legislature began appropriating MTUPP



funding accordingly. In FY 2007, MTUPP was funded with \$8.1 million, including \$7 million appropriated by the Montana legislature from the state special revenue account and an additional \$1.1 million from the CDC.

CIGARETTE AND TOBACCO TAXES HELP REDUCE CONSUMPTION

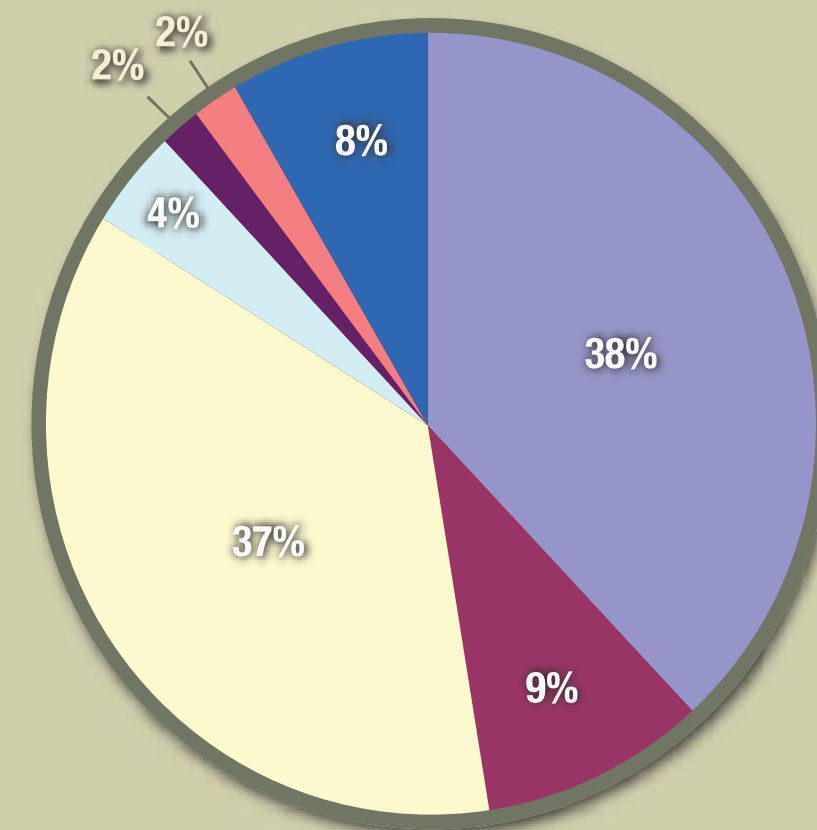
At \$1.70 per pack, Montana has the 13th-highest cigarette tax nationwide. While no cigarette or tobacco excise tax revenue is currently used to pay for tobacco use prevention programs, the high tax benefits Montanans, because these taxes provide an effective deterrent to tobacco purchases, particularly among youth. In FY 2007, Montana collected \$91.3 million in cigarette and other tobacco tax revenue. The revenue funds health-related and Medicaid programs, such as the Children’s Health Insurance Plan (CHIP), the prescription drug program, and mental health services.

BEST PRACTICES IN TOBACCO CONTROL RECOMMENDED FUNDING AND EXPENDITURES

In 1999, the CDC published its extensively researched *Best Practices for Comprehensive Tobacco Control Programs*, which includes state-by-state recommendations for funding. The CDC recommends that Montana annually spend between \$9.3 million (the minimum) and \$19.7 million (the optimum amount).

The CDC’s *Best Practices* also provides states with a proven model that integrates diverse programming areas. To the extent practicable, MTUPP executes this comprehensive model, including statewide programs (cessation, statewide media, and public education), community-based programs (including Indian community programs), school programs, policy enforcement, surveillance and evaluation, chronic disease programs, and administration and management. (See graph.)

MTUPP FY 2007 FUNDS DISTRIBUTION



THE TRUE COST OF A PACK OF CIGARETTES

Tobacco Addiction Annual Costs to Montana

\$277 MILLION

IN EXCESS MEDICAL COSTS

plus

\$294 MILLION

IN LOST PRODUCTIVITY

equals

\$571 MILLION

IN TOTAL COSTS

or \$605 for every Montana man, woman, and child.

Source: Campaign for Tobacco-Free Kids⁷

These amounts do not include excess costs related to secondhand smoke exposure, spit tobacco use, smoking-caused fires, and extra cleaning and maintenance for damage caused by tobacco smoke and cigarette litter.

Measuring Program Progress

“The evidence is clear that on a significant number of occasions, Defendants did in fact suppress research and destroy documents to protect themselves and the industry.”

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006



STATEWIDE SURVEYS ARE KEY

MTUPP places a priority on monitoring the long- and short-term effectiveness of its programs at both the state and local levels. Only by having a robust evaluation and monitoring system can MTUPP document how well it is meeting key program goals, changing tobacco-related behaviors and attitudes, reducing tobacco marketing influences, and being accountable with public resources.

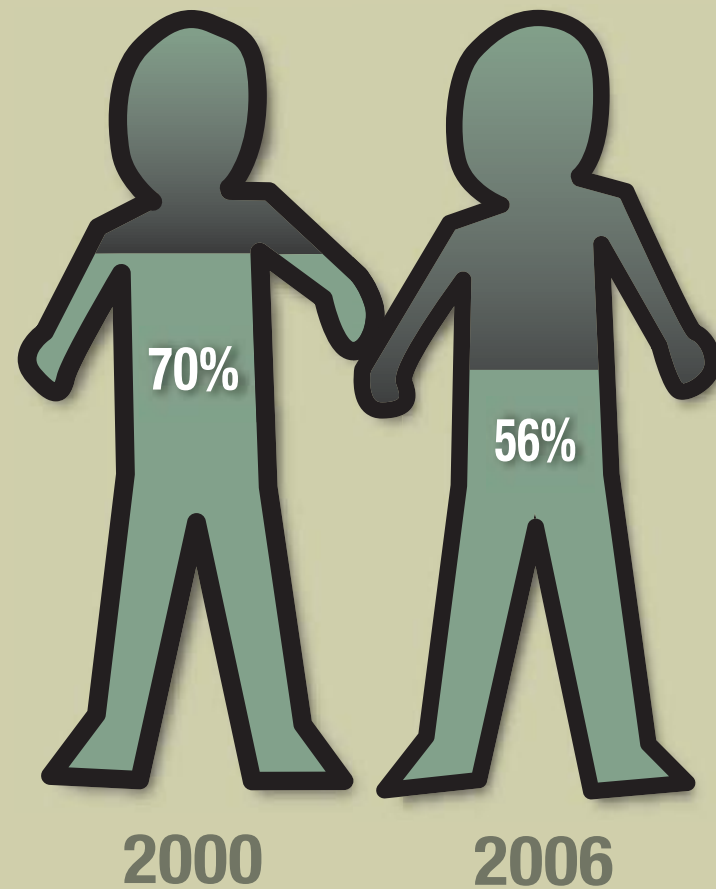
In FY 2007, MTUPP relied on several state- and local-level data sources to measure the success of its program. At the state level, MTUPP used:

- ♦ **The Montana Adult Tobacco Survey (ATS)** to track long-term trends in tobacco use among adults. Montana is one of 17 states that conduct an ATS in collaboration with the CDC. In 2006, more than 2,400 adult Montanans participated in the telephone survey. Population-based surveys offer accurate and representative data about Montanans' use of, and attitudes toward, tobacco.
- ♦ **The Montana Prevention Needs Assessment (PNA), Trends in Youth Tobacco Use and Attitudes** to track long-term trends in tobacco use among youth. In 2006, 153 schools and 22,194 students participated. The survey is targeted to grades 8, 10, and 12, though some schools also include grades 7, 9, and 11. All Montana public and private schools are invited to voluntarily participate in the PNA.
- ♦ **Tobacco Cessation Outcome Results** to monitor the number of citizens who use the Montana Tobacco Quit Line as well as the effectiveness of media campaigns and physician outreach in promoting the Quit Line to tobacco users. Produced by the National Jewish Medical and Research Center, the report provides MTUPP a detailed analysis of program successes, including the number and demographics of callers and successful quit attempts.

At the community level, local tobacco use prevention specialists are responsible for evaluating community program activities and collecting county information using the following reporting tools:

- ♦ **Quarterly reports**, which record each county's community events and activities, outreach materials, media coverage, and policy achievements.
- ♦ **Biannual Community Profiles**, a record of each county's demographics, businesses, political leaders, smokefree and tobacco-free venues, and other community information.

SECONDHAND SMOKE EXPOSURE DROPS



Source: Youth-reported exposure, Montana Prevention Needs Assessment Community Surveys, 2000 and 2006.¹

Between 2000 and 2006 youth exposure to secondhand smoke dropped by twenty percent.



Montana teen leaders will continue their campaign to educate legislators and other decision makers about tobacco marketing aimed toward youth.



In the coming year, MTUPP will identify new opportunities for creating tobacco-free Montana communities.

MTUPP is working with the Native American Tobacco Work Group to develop a strategic plan that specifically focuses on reducing the disproportionately high numbers of tobacco-related diseases and deaths among our state's American Indians.

Looking To The Future

“From the 1950s to the present, different defendants, at different times and using different methods, have intentionally marketed to young people under the age of twenty-one in order to recruit ‘replacement smokers’ to ensure the economic future of the tobacco industry.”

– Honorable Gladys Kessler, U.S. District Court for the District of Columbia, United States v. Philip Morris. 2006

We know from the experiences of other states, and from the successes we have measured in Montana, that long-term, well-supported comprehensive tobacco use prevention programs are critical in reducing the disease and death caused by tobacco addiction.

During the next year, MTUPP will continue to help tobacco users quit, support measures that prevent youth from beginning a lifetime of tobacco addiction, implement the state's clean indoor air law, and enhance local community efforts and activities in preventing and reducing tobacco use. In addition, MTUPP will:

- ♦ *More effectively counter tobacco industry marketing by increasing statewide print, broadcast, and online advertising, including:*
 - ♦ *An interactive youth web site to market tobacco prevention to Montana youth.*
 - ♦ *A media campaign to reduce smoking among pregnant women in Montana.*
 - ♦ *A continuation of Through with Chew promotion to reduce the prevalence of spit tobacco addiction among Montana men and boys.*
- ♦ *Expand reACT, to further increase the power of young people to effectively fight the tobacco industry through media literacy, peer education, and grassroots advocacy.*
- ♦ *Identify new outlets for creating tobacco-free environments, such as in apartments and condominiums, at outdoor public areas such as parks, and at outdoor public events.*
- ♦ *Expand the Montana Collegiate Tobacco Prevention Initiative from four to six campuses.*
- ♦ *Increase the number of Montana hospitals with indoor and outdoor tobacco-free campus policies, through MTUPP's hospital tobacco policy initiative.*
- ♦ *Intensify MTUPP's education and awareness campaign that focuses on the danger of secondhand smoke exposure and individuals' right to breathe clean indoor air, to enhance the state's readiness for full implementation of the Montana Clean Indoor Air Act, slated for October 2009.*

